



North Carolina Sheriffs' Education and Training and Standards Commission

North Carolina Department Of Justice

Sheriffs' Standards Division

Post Office Drawer 629

Raleigh, North Carolina 27602

Telephone: (919) 716-6460 Fax: (919) 716-6753



Roy Cooper  
Attorney General

Julia Lohman  
Director

**REPORT OF SEPARATION  
TELECOMMUNICATOR  
FORM F-5T**

**INSTRUCTIONS:** Please type or print all information clearly. This form should be completed upon separation from a telecommunicator position. **This form must be submitted to the Sheriffs' Standards Division no later than 10 days after final separation.** A copy of this form must be retained in the appointing Agency's personnel file.

SEPARATING AGENCY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGENCY ORI NUMBER (IF APPLICABLE) \_\_\_\_\_

Telecommunicator's Name \_\_\_\_\_  
(First) (Middle) (Last)

Current Home Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Employment as a Telecommunicator \_\_\_\_\_

**Date of Separation as a Telecommunicator** \_\_\_\_\_

Reason:

\_\_\_\_ Retirement

\_\_\_\_ Resignation

\_\_\_\_ Dismissal

\_\_\_\_ Death (Date of Death \_\_\_\_\_)

\_\_\_\_ At the discretion of the Sheriff or Agency Head

Comments

I, as an official representative of this agency, do advise that the named officer has been separated from this agency on the date indicated herein. In addition, pursuant to the requirements of 12 NCAC 10B(c) the officer has been notified of this separation as evidenced by his/her signature below or the attached letter.

\_\_\_\_\_  
Signature of Sheriff, Agency Head  
or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date